

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001277</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/21/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>JEFFERSON SURGICAL CENTER AT THE NAVY YARD</b>  STATE LICENSE NUMBER: <b>22511501</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112</b>			
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Q 0000	<p>INITIAL COMMENT</p> <p>This report is the result of a full Medicare recertification survey conducted on February 28, 2023, at Jefferson Surgical Center At The Navy Yard. It was determined the facility was in substantial compliance with the requirements of 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers.</p> <p>It was also determined the facility was in compliance with 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers at 416.51(c)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff.</p>	Q 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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Q 0101			Q 0101		

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Q 0101	Continued from page 2  416.44(a)(1) PHYSICAL ENVIRONMENT  The ASC must provide a functional and sanitary environment for the provision of surgical services. Each operating room must be designed and equipped so that the types of surgery conducted can be performed in a manner that protects the lives and assures the physical safety of all individuals in the area.  This REQUIREMENT is not met as evidenced by:	Q 0101	It is the responsibility of the Administrator to ensure corrective actions are complete, monitored and sustained.  The Housekeeping Policy was reviewed by the Director of Nursing and Administrator. The Housekeeping policy was updated to reflect the changes made to the terminal cleaning log. The terminal cleaning log changes include: - Comment section for the Environmental professional added to the form. - Registered Nurse Terminal clean inspection signature added to the form. - Infection Control Professional and or Designee signature line included. The Housekeeping policy was reviewed with all EVS and Operating room staff at a mandatory staff meeting held on 3/8/2023. The information presented includes revised terminal cleaning log, education, and implementation to all EVS and clinical staff:	Completion Date: <b>03/22/2023</b> Status: <b>APPROVED</b> Date: <b>04/09/2023</b>	

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Q 0101	Continued from page 3	Q 0101	<p>- All task boxes are to be initialed by EVS staff completing the terminal clean.</p> <p>- The first scheduled Operating room Nurse will enter each OR. Visual inspection of the OR will be completed for cleanliness of the room and equipment assessment. This nurse will sign and date the room inspection on the terminal log form. Any areas of correction will be documented in the comments section of the form. Urgent matters will be immediately brought to the Peri Operative Manager attention and/or Director of Nursing. If it is found that the log was not completed a terminal cleaning of the room will be completed prior to a surgical case being performed in that room. The findings will then be reported to the Administrator if terminal cleaning is not completed. Any deficiencies will be reported and documented to the cleaning company supervisor to be addressed immediately. The findings will be reported to the Environment of Care Committee monthly and to the</p>		

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Q 0101	Continued from page 4	Q 0101	<p>Infection Control Committee, the QAPI, and to the Board of Managers quarterly.</p> <ul style="list-style-type: none"> <li>- The Infection Control Professional or Designee will review the OR terminal cleaning log upon their arrival. Any findings will be addressed immediately, and the form will be signed and dated.</li> <li>- The Infection Control Consultant will be involved in the review of the terminal cleaning log during their quarterly inspection and provide us with feedback.</li> </ul> <p>Terminal cleaning log audits will be performed by the Infection Control Professional weekly to ensure the log is completed and signed. Findings will be documented on the Terminal cleaning audit log. The audit will be completed weekly until 100% compliance is achieved for 3 consecutive months. Findings will be reported to Administrator, QAPI, and to the Board of Managers. Observation Audits will be performed by the Infection Control Professional and or Peri Operative Nurse Manager by observing that</p>	

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Q 0101	Continued from page 5	Q 0101	the EVS are completing and signing the Terminal Cleaning log. The audit will be completed weekly until 100% compliance is achieved for 3 consecutive months. Findings of the audit will be reported to the Administrator, QAPI and the Board of Managers.		

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Q 0101	<p>Continued from page 6</p> <p>Based on a review of facility policy, documents, medical records (MR) and interview with staff (EMP), it was determined the facility failed to provide a safe and sanitary environment for the provision of patient care.</p> <p>Findings include:</p> <p>Review of facility policy "Housekeeping Procedures" last revised February 2022, revealed "Policy: To provide through established practices, policies and schedules, relevant cleaning measures for the control and prevention of infection in the surgical suite."</p> <p>1. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated June 30, 2022, revealed OR1, OR3 and OR4 was not terminally cleaned on June 30, 2022, for the next surgical day July 1, 2022. Further review of facility document "Center Surgery Schedule" dated July 1, 2022, revealed surgical procedures performed under anesthesia on July 1, 2022, in OR1 for MR#</p>	Q 0101			

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Q 0101	Continued from page 7  60937, MR# 60956, MR# 60656; surgical procedures performed under anesthesia on July 1, 2022, in OR3 for MR# 60957 and MR# 60139; surgical procedures performed under anesthesia on July 1, 2022 in OR4 for MR# 60759, MR# 60847, MR# 60238, MR# 60925, MR#60948, MR# 60961, MR# 60962, MR# 60814, MR#60663, MR# 60935, MR# 60936, MR# 60963.  2. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated July 1, 2022, revealed OR1 and OR4 was not terminally cleaned on July 1, 2022, for the next surgical day on July 5, 2022. Further review of facility document "Center Surgery Schedule" dated July 5, 2022, revealed surgical procedures performed under anesthesia on July 5, 2022, in OR1 for MR#60556, MR#61059, MR#60906, MR#60737; surgical procedures performed under anesthesia on July 5, 2022, in OR4 for MR# 60850, MR# 60939, MR# 60124, MR# 60949, MR# 60985, MR# 60998, MR# 60984, MR# 60943, MR# 60879, MR# 60830, MR# 61015.	Q 0101			



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Q 0101	Continued from page 8  3. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated July 11, 2022, revealed OR1 was not terminally cleaned on July 11, 2022, for the next surgical day on July 12, 2022. Further review of facility document "Center Surgery Schedule" dated July 12, 2022, revealed surgical procedures performed under anesthesia on July 12, 2022, in OR1 for MR# 61062, MR# 60753, MR# 61016, MR# 61119, MR# 61144, MR# 61161.  An interview conducted on February 28, 2023, at 3:15 PM with EMP1, EMP2 and EMP3 confirmed the facility was not compliant with the facility's policy "Housekeeping Procedures" for maintaining established practices to ensure terminal cleaning was performed in the ORs prior to the next surgical day use and completing the required documentation for the "Operating Rooms (OR) Terminal Cleaning Log" for OR1, OR3, and OR4 for the dates June 30, 2022, July 1, 2022, and July 11, 2022. Further interview confirmed the facility failed to ensure	Q 0101			

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Q 0101	Continued from page 9  compliance by the clinical licensed staff responsible for reviewing and attesting to the outcome of the completed terminal cleaning for each operating room (prior to use for OR surgical procedures) and completion of documentation for the Operating Room Terminal Cleaning Logs. EMP3 stated "Based on the documentation in the logs you would not know if ORs 1, 3, and 4 had been terminally cleaned prior to use for surgical procedures."	Q 0101			

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S 6701	Continued from page 1  567.1 Principle CHAPTER 567 - ENVIRONMENTAL SERVICES  567.1 Principle  The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients.  This REGULATION is not met as evidenced by:	S 6701	It is the responsibility of the Administrator to ensure corrective actions are complete, monitored and sustained.  The Housekeeping Policy was reviewed by the Director of Nursing and Administrator. The Housekeeping policy was updated to reflect the changes made to the terminal cleaning log. The terminal cleaning log changes include: - Comment section for the Environmental professional added to the form. - Registered Nurse Terminal clean inspection signature added to the form. - Infection Control Professional and or Designee signature line included. The Housekeeping policy was reviewed with all EVS and Operating room staff at a mandatory staff meeting held on 3/8/2023. The information presented includes revised terminal cleaning log, education, and implementation to all EVS and clinical staff:	Completion Date: <b>03/22/2023</b> Status: <b>APPROVED</b> Date: <b>04/09/2023</b>	

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S 6701	Continued from page 3	S 6701	<p>Infection Control Committee, the QAPI, and to the Board of Managers quarterly.</p> <ul style="list-style-type: none"><li>- The Infection Control Professional or Designee will review the OR terminal cleaning log upon their arrival. Any findings will be addressed immediately, and the form will be signed and dated.</li><li>- The Infection Control Consultant will be involved in the review of the terminal cleaning log during their quarterly inspection and provide us with feedback.</li></ul> <p>Terminal cleaning log audits will be performed by the Infection Control Professional weekly to ensure the log is completed and signed. Findings will be documented on the Terminal cleaning audit log. The audit will be completed weekly until 100% compliance is achieved for 3 consecutive months. Findings will be reported to Administrator, QAPI, and to the Board of Managers. Observation Audits will be performed by the Infection Control Professional and or Peri Operative Nurse Manager by observing that</p>		

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S 6701	Continued from page 4	S 6701	the EVS are completing and signing the Terminal Cleaning log. The audit will be completed weekly until 100% compliance is achieved for 3 consecutive months. Findings of the audit will be reported to the Administrator, QAPI and the Board of Managers.		

Pennsylvania Department of Health

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S 6701	Continued from page 5  Based on a review of facility policy, documents, medical records (MR) and interview with staff (EMP), it was determined the facility failed to provide a safe and sanitary environment for the provision of patient care.  Findings include:  Review of facility policy "Housekeeping Procedures" last revised February 2022, revealed "Policy: To provide through established practices, policies and schedules, relevant cleaning measures for the control and prevention of infection in the surgical suite."  1. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated June 30, 2022, revealed OR1, OR3 and OR4 was not terminally cleaned on June 30, 2022, for the next surgical day July 1, 2022. Further review of facility document "Center Surgery Schedule" dated July 1, 2022, revealed surgical procedures performed under anesthesia on July 1, 2022, in OR1 for MR#	S 6701			



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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6701	Continued from page 6  60937, MR# 60956, MR# 60656; surgical procedures performed under anesthesia on July 1, 2022, in OR3 for MR# 60957 and MR# 60139; surgical procedures performed under anesthesia on July 1, 2022 in OR4 for MR# 60759, MR# 60847, MR# 60238, MR# 60925, MR#60948, MR# 60961, MR# 60962, MR# 60814, MR#60663, MR# 60935, MR# 60936, MR# 60963.  2. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated July 1, 2022, revealed OR1 and OR4 was not terminally cleaned on July 1, 2022, for the next surgical day on July 5, 2022. Further review of facility document "Center Surgery Schedule" dated July 5, 2022, revealed surgical procedures performed under anesthesia on July 5, 2022, in OR1 for MR#60556, MR#61059, MR#60906, MR#60737; surgical procedures performed under anesthesia on July 5, 2022, in OR4 for MR# 60850, MR# 60939, MR# 60124, MR# 60949, MR# 60985, MR# 60998, MR# 60984, MR# 60943, MR# 60879, MR# 60830, MR# 61015.	S 6701			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001277</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/21/2023</b>
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S 6701	<p>Continued from page 7</p> <p>3. Review of facility documents "Operating Rooms (OR) Terminal Cleaning Log" dated July 11, 2022, revealed OR1 was not terminally cleaned on July 11, 2022, for the next surgical day on July 12, 2022. Further review of facility document "Center Surgery Schedule" dated July 12, 2022, revealed surgical procedures performed under anesthesia on July 12, 2022, in OR1 for MR# 61062, MR# 60753, MR# 61016, MR# 61119, MR# 61144, MR# 61161.</p> <p>An interview conducted on February 28, 2023, at 3:15 PM with EMP1, EMP2 and EMP3 confirmed the facility was not compliant with the facility's policy "Housekeeping Procedures" for maintaining established practices to ensure terminal cleaning was performed in the ORs prior to the next surgical day use and completing the required documentation for the "Operating Rooms (OR) Terminal Cleaning Log" for OR1, OR3, and OR4 for the dates June 30, 2022, July 1, 2022, and July 11, 2022. Further interview confirmed the facility failed to ensure</p>	S 6701			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001277</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/21/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>JEFFERSON SURGICAL CENTER AT THE NAVY YARD</b>  STATE LICENSE NUMBER: <b>22511501</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>THREE CRESCENT DRIVE, SUITE 310 NAVY YARD CORPORATE CENTER PHILADELPHIA, PA 19112</b>			
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S 6701	Continued from page 8  compliance by the clinical licensed staff responsible for reviewing and attesting to the outcome of the completed terminal cleaning for each operating room (prior to use for OR surgical procedures) and completion of documentation for the Operating Room Terminal Cleaning Logs. EMP3 stated "Based on the documentation in the logs you would not know if ORs 1, 3, and 4 had been terminally cleaned prior to use for surgical procedures."	S 6701			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39C0001277</b>		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>03/21/2023</b>	
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S 6701	Continued from page 9			S 6701			



# Certified End Page

**JEFFERSON SURGICAL CENTER AT THE NAVY YARD**

**STATE LICENSE NUMBER: 22511501**

**SURVEY EXIT DATE: 03/21/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY